

Psychotherapy in Dealing with Crises in the COVID-19 Pandemic

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Abstract: *In the article, a theoretical analysis of the study of crisis states and the methodological foundations of crisis psychotherapy, taking into account foreign and domestic experience, is carried out. Based on the results of empirical studies, modern foreign and domestic researchers have established that crisis conditions during the COVID-19 pandemic are accompanied by suicidal reactions, depression, neurotic conditions with post-traumatic stress disorders, exacerbation of psychosomatic diseases, psychopathological disorders. Psychological approaches in psychotherapy together with crisis psycho-psychotherapeutic interventions for working with acute crisis states and crisis psychotherapy of clients in the post-quarantine period are considered. The concepts of a crisis state, the features of the influence of "covid" psychotrauma on the mental and psychological health of a person, and the provision of psychological assistance in crisis situations during the COVID-19 pandemic are described in detail. It is noted that in working with crisis conditions during the COVID-19 pandemic, modern foreign and Ukrainian specialists prefer cognitive-behavioral psychotherapy. At the theoretical and methodological level, it has been proved that psychotherapy of post-traumatic stress disorder (PTSD) is close to crisis psychotherapy and is aimed at reintegration of mental activity disturbed by the "conductive" psychotrauma and restoration of psychological adaptation to a certain extent. The psychotherapeutic model of psychological crisis intervention in the context of the COVID-19 pandemic is based on a biopsychosocial approach and requires a comprehensive and integrated use of crisis psychotherapy methods with the integration of neuropsychotic methods and Internet technologies into the entire therapy process.*

Keywords: *Crisis situations, psychotrauma, psychotherapeutic directions, psychological approaches, psychological resources, psychosomatic disorders, depression, neurotic states.*

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1. Introduction

The instability of society under the influence of the COVID-19 pandemic, the quarantine regime of life, stresses before and after the quarantine period caused a low crisis resistance in many people of the planet, changed their fates, places of work, worsened social and psychological health. The most vulnerable were those with a sensitive emotional response, high anxiety, neurotic states, low level of mental health, prone to depression and panic attacks, those who had already experienced age-related or abnormal crises before the pandemic. In a situation of existential challenge, fear for one's life and the life of loved ones, chronic crisis states with psycho-traumatic symptoms may arise. Under the influence of the COVID-19 pandemic, crisis situations exacerbate psychosomatic illnesses, experiences of suicidal tendencies, neurotic and mental disorders, which require psychotherapeutic support from specialists of counseling centers.

The relevance of studying the problem of psychotherapy in working with crisis states against the background of anxiety-depressive or psychopathological symptoms in a state of exacerbation by a "covid" trigger is extremely significant for medical-psychological and applied crisis practice according to the social and psychological significance of unexpected crises in connection with a pandemic and quarantine and the consequences crisis situations for human mental health (Bezliudnyi et al., 2019; Demchenko et al., 2021; Nerubasska & Maksymchuk, 2020; Nerubasska et al., 2020; Palamarchuk et al., 2020). The purpose of the article is to analyze modern scientific approaches to the methodological foundations of the organization and conduct of crisis psychotherapy. The practical significance and novelty of the investigated problem lies in the expansion of scientific knowledge about psychotherapeutic methods and techniques of working with the ideas and worldview instructions of clients regarding a crisis situation that is subjectively significant for them, caused by a pandemic and the regime of social isolation; analysis of modern psychotherapeutic methods for activating internal psychological resources in overcoming a chronic crisis state, interconnected with depressive, neurotic and psychosomatic disorders in connection with the experience of self-isolation; analysis of the research results by modern foreign and domestic specialists of the crisis conditions caused by the COVID-19 pandemic.

2. Theoretical analysis of the study of crisis states and methodological foundations of crisis psychotherapy: foreign and domestic experience

In many people, one can observe a violation of psychological adaptation, the loss of vital resources for a person - values, hope, faith, a sense of security in the context of a coronavirus panic. Individuals who found it difficult to control their emotional reactions and behavior, there was an exacerbation of relationships with others, contradictory performance of social roles and “coronavirus” syndrome: emotional burnout, depressive and neurotic states, pathological fear of infection, experiencing panic attacks by the health workers themselves, diseases and complications of personal problems with mental disorders.

Crisis condition - a serious, transitional, unstable state leading to the disintegration of the personality, causes an imbalance in the life and activities of a person, as a result of which socially maladaptive behavior, inappropriate actions and actions, as well as a breakdown of neuropsychic and somatic health arise. A personality crisis state occurs when a person encounters experiences that, in strength and duration, exceed his psychological regulatory capabilities, accompanied by a violation of physiological, psychological and social adaptation mechanisms (Kocharyan & Lisenaya, 2011).

Li Duan and Gang Zhu (2020) detailed the psychological problems of patients, their families and medical personnel in relation to the COVID-19 epidemic. Time constraints, isolation and self-administered psychological crisis interventions by medical departments have taken away many mental health resources from teachers, psychologists, medical professionals and all those who provided psychological support to victims in China and around the world. The researchers also noted the lack of timely diagnosis and proposed to carry out crisis interventions that would be based on a comprehensive assessment of risk factors leading to psychological problems, losses and injuries. Xiang et al. (2020) confirm that psychopathological disorders, persistent depression, anxiety, panic attacks, psychosomatic disorders, psychotic symptoms, delusions and even suicidality are noted in people at an early stage of a MERS virus outbreak. Researchers believe that groups set up by health authorities at regional and national levels (including psychiatrists, nurses, clinical psychologists and other workers) should provide psychological support to both patients and healthcare professionals and regularly inform them about epidemic outbreaks to overcome feelings of uncertainty and fear. Psychotherapeutic methods should be focused on stress adaptation models. Compliance with the basic principles of pharmacological treatment will also be beneficial.

Yeen Huang and Ning Zhao (2020) propose continuous monitoring of the psychological consequences of outbreaks of life-threatening epidemic diseases, the establishment of targeted crisis mental health interventions at an early stage, which will ensure psychological preparedness to overcome the epidemic. Shen et al. (2021) claim the 2019 coronavirus disease (COVID-19) outbreak led to depression and anxiety. Ettman et al. (2020) empirically investigated the factors associated with depression symptoms during and to COVID-19: job loss, loved ones due to COVID-19 and financial problems, taking into account population demographics and resources. Higher rates of depression symptoms were observed across all demographics during COVID-19. At the same time, women were more likely to have symptoms of depression than men, and married people had lower rates of symptoms of depression. Galea et al. (2020) argue that in the context of the COVID-19 pandemic, a significant increase in anxiety and depression, substance use, loneliness and domestic violence; there is a very real likelihood of an epidemic of child abuse when schools are closed. This concern is so significant that the UK has issued guidelines for psychological first aid and mental health promotion strategies. Media, group visits and assistance through technology platforms will be important components of step-by-step assistance, both for the treatment of acute crises and for long-term psychological support.

Antonova (2020) identified the following parameters for assessing the manifestations of panic during the period of quarantine isolation: the intensity of emotional states; the experience of danger and helplessness; trust in rumors and fake news in the study of the peculiarities of the occurrence of panic among the population in a prolonged extreme situation of uncertainty on the example of quarantine self-isolation during the Covid-19 pandemic. It turned out that negative emotional response is the first mechanism that regulates a person's activity in a panic situation. Subsequent changes are associated with the concentration of consciousness on negative emotions by reducing the intensity of the emotions of satisfaction. The duration of negative experiences in a prolonged situation associated with self-isolation of the population is reflected in the growth of a sense of danger and helplessness, a narrowing of consciousness and an increase in a person's suggestibility, which increases his confidence in rumors and inaccurate information. The main predictive potential is provided by the scales for assessing the emotional states of a person, including the assessment of forecast emotions (dismay, fear, and horror) and frustrating emotions (disappointment, grief, hopelessness). Other scales (assessment of

emotions of pleasure, feelings of danger and helplessness, trust in rumors and fake news) are auxiliary.

The list of manifestations of maladjustment in conditions of a crisis unexpected for most people is not complete, however, hypothetically, the relationship with crisis states is their characteristic and common feature. At the same time, everyone experiences a “socio-pathological” crisis - from young to old age, taking into account the conditions caused by it as a blockage of a person's vital activity, due to the frustration of his significant needs. Such crisis conditions often accompany psychopathic reactions and neurotic disorders and depression, suicidal thoughts and psychosomatic illnesses. In an acute crisis response, the perception of time may change (time seems to have stopped) with manifestations of defense mechanisms “this is not happening to me”; there is a narrowing of consciousness and a deterioration in mental activity (attention and memory processes, thinking); manifest hyperactivity, irritability, panic, aggression, hypersensitivity to unexpected and harsh sounds; somatic manifestations appear (shortness of breath, nausea and vomiting, sweating, finger tremors, palpitations, dizziness, etc.), which requires crisis psychotherapy.

Naturally, the need for crisis assistance grows in situations of disasters, natural disasters and social upheavals, since a large number of people who have lost loved ones, housing or work experience a state of life crisis burdened with tragic experiences. The most significant factor of “pathological” crisis states that determines the therapeutic tactics of crisis psychotherapy is suicidal tendencies (suicidal thoughts and suicidal behavior). There are three components in the structure of suicidal reactions: affective, cognitive and behavioral. The content of the affective component is, in particular, the experience of emotional isolation and the situation. The most common modalities of affect are reactions of anxiety, depression, melancholy, resentment. In some cases, apathy, a feeling of powerlessness, a desire for solitude are noted. The cognitive component of a suicidal crisis state includes the idea of one's own uselessness, insolvency, aimlessness and painfulness of later life, the conclusion that it is impossible to resolve the crisis due to lack of time or opportunity. The behavioral component often includes high activity in attempts to resolve the crisis state, including the use of non-adaptive coping behaviors such as “alcoholism and drug addiction”, manifestations of aggressive and dissocial tendencies. These psychological characteristics determine both the specifics of crisis patients and the characteristics of crisis psychotherapy (Karvasarsky, 2000).

The main therapeutic targets for suicidal danger are: the patient's problem situation; changing the system of his values with an emphasis on

the values of life; negative cognitive style (learned helplessness); development of adequate ways to relieve stress in a traumatic situation; decrease in emotional dependence and rigidity; self-actualization of “Ego” (increasing self-esteem, finding ways to realize the personality in the main spheres of life). Three main strategies of psychotherapy are used in suicidal behavior: empathy - empathy with the patient, the recognition that he has unbearable mental pain and the right to stop it; pause agreement - a proposal to jointly go through the path of finding a solution and a way out “here”, and not “there” and recognition of human rights to live (Ponomareva, 2014).

The provision of crisis psychotherapeutic assistance is well described in the works of Kocharyan and Lisenaya (2011), Lopez and Simanyuk (2011), Malkina-Pykh (2005), Ponomareva (2014) and Turinina (2017). A detailed psychological analysis of the crisis conditions that arose during the COVID-19 pandemic and accompanying depressive, anxiety and psychosomatic disorders is presented in the works of domestic and foreign researchers (Duan & Zhu, 2020; Ettman et al., 2020; Karvasarsky, 2000; Kocharyan & Lisenaya, 2011; Shen et al., 2021).

Thus, Chaban and Khaustova (2020) note that the current “epidemic” of anxiety should be overcome with the help of biopsychosocial approaches. An effective model of psychological intervention is that integrates doctors, psychotherapists, psychologists and social workers into Internet platforms for the implementation of psychological interventions in relation to patients, their families and medical personnel. Such actions should be based on a comprehensive assessment of risk factors that lead to psychological problems, in particular, poor mental health before the crisis, fear, trauma to oneself and family members, life-threatening circumstances, panic, separation from loved ones and low household income. In the mental state of persons affected by COVID-19: excessive fatigue and stress, exhaustion, anxiety, insomnia, depression, helplessness, frustration or self-blame, fear of infection, fear for the family, excessive anxiety, nervousness, mental health professionals should adhere to the following principles: support and comfort; pacification, emotional communication and increased confidence in treatment; health, encouraging collaboration and adapting to change. The principle of encouraging cooperation and adaptation to changes in order to maintain health implies: helping the client understand real and reliable information, trusting scientific and medical authoritative materials; encouraging active adherence to medical and isolation rules, healthy eating, work and rest, reading, listening to music, using modern communication methods, etc.; fostering conditions of isolation, understanding your own reactions and finding a positive meaning in trouble; recommendations for

seeking social support to cope with stress (modern communication methods for connecting with family, friends, colleagues, etc., talking about feelings, gaining support and encouraging attention); stimulation of the use of the hotline for psychological help or online psychological intervention.

A feature of psychotherapeutic interventions during crisis intervention in connection with a pandemic is that stabilizing intervention at the initial stage of work with acute crisis states is completely different than in psychotherapy. The assistant should understand that there is temporary assistance in a special situation, the study of personal life history will provide less assistance, even if it is important for the crisis process. Disorders originating from a personal history can be treated in final psychotherapy; in a crisis state, this overstrains the patient and distracts him from solving problems. Formation and strengthening of existing supporting resources: value, material security (confidence), work and result and social network. The essence of crisis intervention is not to solve the problem, but to do the work on the problem. The main principles of crisis intervention: limiting goals (the immediate goal of crisis intervention is to prevent catastrophic consequences, the main goal is to learn to use adaptive ways to overcome the crisis and restore psychological balance); working with feelings (it is important not to try to change a person's feelings, but to reorganize them into a structural integrity, since the pain that a person experiences in a crisis motivates him to search for new solutions, resources, and acquire new skills); decision-making (it is necessary to avoid interference in what the patient must decide for himself, it is important to motivate him to postpone the decision until the end of the acute crisis state); providing support (when working with a client, it is necessary to maintain external peace, avoid unrealistic promises and predictions dictated by the desire to calm the victim, avoid merging with the patient - the danger of emotional infection is very high).

To deal with crises, there are self-help groups, support groups such as "Anonymous with Depression", groups of meetings of people experiencing loss, etc. The main indications for a group form of work with crisis individuals are age-related crises, starting from adolescence, "noogenic neuroses", existential crises and crises associated with disruption of social ties or social adaptation, the so-called "social crises". A potential advantage of group conditions is the ability to receive feedback and support from people who have common problems or experiences with a particular group member. A person gains insight into the values and needs of others through group interaction. In a group, a person feels accepted and accepted, someone who gets trust and trusts himself, is surrounded by caring and

caring, receives help and helps. The reactions and feelings of others can make it easier to resolve interpersonal conflicts and crisis-related experiences. The group can also facilitate the process of self-exploration and introspection (Kocharyan & Lisenaya, 2011).

In a crisis caused by unpredictable situations, inappropriate emotional reactions and emotional distress are always present. One of the most effective methods for their therapy is the methods of personality-oriented psychotherapy. Personality-oriented therapy sets the task of helping a person in crisis to change his attitude towards the social environment and his own personality. There is no rigid separation between clinical and person-centered therapy methods: the same methods can be successfully used in both areas. The basis of many forms of psychotherapy, as well as psychological practice itself, was psychoanalysis, developed by S. Freud. Personality-oriented therapy uses different options for analyzing the emotional experiences of crisis situations. The main feature of therapy is the removal of an internal personality conflict, which generates depression, anxiety, fears, and a violation of communication. Psychotechnologies of personality-oriented therapy include individual psychoanalytic conversations, group psychotherapy, auto-training (Lopez & Simanyuk, 2011).

During the COVID-19 pandemic, the analysis of crisis interventions in the experience of practitioners of certain psychological and psychotherapeutic approaches may also become: psychoanalysis, Cognitive Behavioral Therapy (hereinafter CBT), Gestalt therapy, positive psychotherapy. Inter-theoretical discussions of the practice and research of psychological and psychotherapeutic phenomenology during the pandemic of the new coronavirus disease are also relevant. Inevitable changes in the pandemic situation create a challenge to create appropriate modifications in the organization of psychological and psychotherapeutic support. The main task of these modifications is to preserve the stability of the therapeutic setting as much as possible and continue to provide the necessary assistance to patients in such difficult conditions as quarantine, financial losses, the inability to meet face to face and adherence to the schedule, etc..Psychologists and psychotherapists note the urgent need for additional training and support from the professional community, including in the format of supervision and intervision (Velykodna & Frankova, 2020).

Community support workers during the COVID-19 pandemic face an increased level of anxiety and depression due to increased work requirements, lack of appropriate personal protective equipment, fear of contracting the virus and fear of passing it on to loved ones, and therefore they themselves need support your mental health. Clinicians can use

cognitive behavioral therapy (CBT) techniques to work with clients, which have been empirically proven to be effective in crisis interventions. Empathic listening, identifying crisis states, and clarifying values can help therapeutic relationships, feel a renewed sense of purpose and meaning in their careers and families, and promote behavioral change in line with chosen values. CBT techniques such as journaling promote self-control, help clients recognize maladaptive patterns in their thoughts and behavior, reduce anxiety, and promote positive and adaptive activity (Benhamou & Piedra, 2020).

Weiner et al. (2020), in turn, claim that online cognitive behavioral therapy has been effective in the treatment and prevention of various disorders influenced by stressful situations. caused by the COVID-19 pandemic and developed an effective mental health program. Aminoff et al. (2021) also confirmed that CBT significantly reduces rates of depression, anxiety and can be used for a variety of psychological symptoms associated with the COVID-19 pandemic.

3. Modern methods of crisis psychotherapy during the COVID-19 pandemic

By its nature, crisis psychotherapy is close to cognitive-behavioral psychotherapy and includes three stages: crisis support, crisis intervention and an increase in the level of adaptation necessary to resolve a conflict situation. Crisis psychotherapy is used in three main forms: individual, family and group. Individual therapeutic programs of crisis psychotherapy are applied differentially, depending on the relevance of experiences. Thus, crisis support is provided to patients at high suicidal risk; in relation to patients who are in the phase of recovery from an acute crisis, crisis intervention is carried out; post-crisis patients without suicidal tendencies, who are in an unresolved highly relevant situation, are included in adaptation skills training. The mentioned stages of crisis psychotherapy can be carried out sequentially: crisis support - crisis intervention - increasing the level of adaptation. Level of adaptation enhancement: behavioral training of untested ways of resolving a crisis situation; developing the skills of introspection and self-observation of non-adaptive mechanisms, as well as overcoming them; introduction of new VIPs for support and assistance after the end of crisis therapy. Examples of psychotherapy for crisis states are also axiopsychotherapy (a method aimed at reassessing values, adapting to reality) and prophylactic-oriented pathogenetic psychotherapy. Axiopsychotherapy sets itself the following tasks: preventing the fixation of the cognitive attitude of a dead end and a lack of meaning in life; personal growth of the patient, which increases crisis and frustration tolerance (Karvasarsky, 2000).

Features of experiencing quarantine periods in connection with COVID-19 may be associated with crisis conditions accompanying post-traumatic stress disorder (hereinafter PTSD). To a certain extent, psychotherapy for PTSD is close to crisis psychotherapy and is aimed at reintegration of mental activity disturbed by the “conductive” psychotrauma and restoration of psychological adaptation. Crisis psychotherapy for PTSD should be aimed at the following tasks: building a new cognitive-behavioral model with a rethinking of life values, personal values of self-sufficiency, self-respect and pride; reassessment of traumatic experience.

Malkina-Pykh (2005) gives methods and techniques of some areas of psychotherapy that have proven themselves well when working with clients with PTSD: psychotherapy of emotional trauma using eye movements, Gestalt therapy, cognitive-behavioral psychotherapy, symbol-drama, family psychotherapy, neurolinguistic programming. The basic prerequisites for successful work with clients with PTSD can be formulated as follows: the client's ability to talk about trauma is directly proportional to the therapist's ability to listen empathically; any sign of impairment is perceived as the therapist's inability to help him and can lead to the client's struggle for recovery. Therapeutic work with people with PTSD involves three stages: establishing a safe environment; work with memories and experiences; inclusion in daily life. In the process of successful recovery, one can recognize a gradual transition from alertness to a sense of security, from dissociation to the integration of traumatic memories, from isolation to building social contacts. The most common therapeutic mistakes are: avoidance of traumatic material; untimely and rapid development of a traumatic experience until a sufficient safety atmosphere is created and a trusting therapeutic relationship is not created (Malkina-Pykh, 2005).

Work with trauma under the influence of social and personal crises and crisis states is focused on traumatic symptoms: a feeling of fear, anxiety, excessive emotionality, a sense of loss of meaning. More distant consequences of trauma include panic attacks, phobias, depression, adjustment disorders, and psychosomatic symptoms. Kocharyan and Lisenaya (2011) note that psychotherapeutic work with mental trauma involves re-experiencing the traumatic experience, emotional response and a change in attitude to the traumatic situation and uses such methods: cathartic (the essence of the methods is an emotional response when re-experiencing a traumatic experience and release from painful symptoms); autogenous training - a method aimed at restoring the dynamic balance of the body; psychotherapy of emotional trauma by means of eye movements according to F. Shapiro; somatic therapy of trauma by P. Levin, according to the

concept of which the neurophysiological basis of traumatic experiences should be eliminated (conscious fixation of sensations in the body is one of the main therapeutic techniques that helps to achieve discharge of concentrated trauma energy); debriefing is one of the options for crisis intervention and urgent group psychological assistance for acute mental trauma. With this form of work, all attention is focused on the actual situation and actual experiences, and not on the personality. Debriefing is not therapy or psychotherapeutic purposes. The optimal period for debriefing is about 48 hours after the received mental trauma, since there is a certain period of time when changes in the psyche and neural circuits remain reversible. It is during this period that their modification is possible in terms of the content and intensity of affective signs.

Turinina (2017) considers practical psychotherapeutic approaches in helping to overcome post-traumatic stress, depending on the theoretical schools within which they arose: V. Frankl's logotherapy; existential-humanistic psychotherapy J. Bujenthal; F. Perls gestalt therapy; somatic therapy of P. Levin's mental trauma; personality-oriented psychotherapy K. Rogers; body-oriented psychotherapy; A. Mindell's procedural psychotherapy. Thus, in existential-humanistic psychotherapy, an internal study takes place, aimed at understanding and changing the system of constructs "Me and the World", at revealing personal potential and building new life meanings. Overcoming trauma involves working through existential "realities" such as "freedom", "isolation", "meaninglessness", "death", which most often make up the meaning of experiences during psychological trauma. In this regard, the given of "corporeality" is of particular interest.

Crisis conditions, maladaptive phenomena and chronic stresses during epidemics and quarantine isolation modes can produce dysfunctional disorders in the brain and long-term depletion of the nervous system, which requires an eclectic approach to the provision of psychological assistance - a combination of psychotherapy with neuropsychotic correction. In particular, areas of the limbic system, the influence of systemic brain mechanisms, cortex and subcortical formations on the occurrence of negative emotions, were studied by Western researchers Jeffrey Burgdorf and Jaak Panksepp (2006). The formation of new neural connections in such disorders requires neuropsychological and relaxation techniques, meditation, work with the body and fears. For example, Kathy Benhamou and Alexandra Piedra (2020) consider the benefits of using relaxation techniques in conjunction with cognitive behavioral therapy to help clients regulate their physiological responses to prolonged stress during the COVID-19 pandemic. Relaxation techniques can take many forms, including visual imagery, breathing

exercises, progressive muscle relaxation, and mindfulness exercises. They help clients recognize signs of stress in their body and relax, which makes it easier to respond to stress.

Conclusion

The psychotherapeutic model of psychological crisis intervention in the context of the COVID-19 pandemic is based on a biopsychosocial approach and requires the integrated use of family and existential psychotherapy methods, taking into account the complexity of manifestations and individual psychological characteristics of crisis response and crisis states of clients and the integration of Internet technologies into the entire therapy process. Crisis psychotherapists and counseling psychologists in many countries of the world have taken up the modern challenges of the global psychological problem of humanity during COVID-19 and continue to work to develop effective strategies in helping people in crisis situations.

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